



0000070322

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

Arizona Corporation Commission  
1200 West Washington - Hrg Div./Docket  
Phoenix, Arizona 85007-2996

7180 4442 0100 0000 4650

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

T-042084-03-0688

<b>SENT TO:</b>		<b>POSTAGE</b>	
<b>RETURN</b>	<b>RESTRICTED DELIVERY FEE</b>	\$ 3.50	
<b>RECEIPT</b>	<b>CERTIFIED FEE</b>	\$ 2.30	
<b>SERVICE</b>	<b>RETURN RECEIPT FEE</b>	\$ 0.00	
<b>TOTAL POSTAGE AND FEE</b>		\$ 6.17	

Andrew O. Isar  
Miller Isar, Inc.  
7901 Skansie Avenue, Suite 240  
Gig Harbor, Washington 98335

27  
OCT 30 2003

POSTMARK OR DATE

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this card to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the back of the mailpiece.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. Article Addressed to:

**AZ Reporting Service RECEIVED**  
2627 N. Third Street, Suite 3  
Phoenix, AZ 85004-1104  
OCT 30 A 10:44

AZ CORP COMMISSION  
DOCUMENT CONTROL

Received By: (Print Name)

SHEILA T. COONS

Signature (Address or Agent)

T-042084-03-0688

PS Form 3811

I also wish to receive the following service (for an extra fee):  
☒ **Restricted Delivery**  
Consult postmaster for fee.



7180 4442 0100 0000 4643

3. Service Type ☒ **CERTIFIED**

Date of Delivery

10-28

Enter delivery address if different than item 1.

DOMESTIC RETURN RECEIPT